

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>4/28/04</u>	FILED-CLERK U.S. DISTRICT COURT 04 APR 30 PM 2:32 TX EASTERN MARSHALL BY <u>[Signature]</u>
NAME OF SERVER (PRINT) <u>Jennifer Watkins</u> <small>via certified mail</small>	TITLE <u>Legal Asst.</u>	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____ <input type="checkbox"/> Returned unexecuted: _____ <input checked="" type="checkbox"/> Other (specify): <u>via certified mail return receipt requested</u> <u># 7003 3110 0001 7926 5586 to registered agent for</u> <u>Service CT Corp. System, 350 N. St. Paul Street,</u> <u>Dallas, TX 75201</u>		

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 4/30/04 Date

Jennifer Watkins
 Signature of Server
The Roth Law Firm
115 N. Wellington, Suite 200
Marshall, TX 75670

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: <u>anon, USA, Inc. by and through CT</u> <u>orp. Systems</u> <u>50 N. St Paul Street</u> <u>Dallas, TX 75201</u>	COMPLETE THIS SECTION ON DELIVERY A. Signature <u>X</u> <u>ADD 28 APR 04</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____ 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 5px; text-align: center;"> 7003 3110 0001 7926 5586 </div>	